

# What has changed? Care home work during the pandemic in Jack Thorne's *Help: No one is coming*

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The article examines how Jack Thorne's *Help: No one is coming* (2021) politicizes the public sphere of dementia care. The drama's focus on care homes in the UK during the pandemic addresses the impact of the crisis and simultaneously serves to highlight the longstanding issues faced by an under-funded and under-valued sector. This paper aims to examine how *Help* reflects, but also writes societal scripts about how we care for our populations with dementia and the people we pay to care for them. In highlighting the pressure care homes are under, it is important to look at our collective societal attitude to care, and whether we are prepared to cover higher wages that would be required if care work became a desirable career with progression. In examining the purpose of, and effectiveness of the drama's rhetoric, I aim to investigate how ideological notions of care and practical care work are articulated. Finally, I ask whether *Help* succeeds in mobilizing audiences to press for change or whether in its portrayal of care homes, the drama enables them to accept the status quo.

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## **Introduction**

This paper examines how a fictional television drama addresses dementia care in the public sphere of the care home. It focuses on Jack Thorne's BAFTA-awarded *Help: No one is coming*, a UK Channel 4 television drama broadcast in 2021. This article seeks to consider how its representation of social care is politicized, making a contribution to media and dementia studies. It also aims to speak to sociology and cultural studies in terms of arguing for the reflexivity between popular culture and societal attitudes.

This drama foregrounds the challenges the care home sector faced during Covid-19 and is set in a poor area of Liverpool, an ex-industrial city in the North West of England. It stars Jodie Comer as a care worker, Sarah. The casting of Comer is, in itself, a significant choice as she is best known for her portrayal of the glamorous international assassin Villanelle in the BBC America spy thriller

*Killing Eve*. The icy blonde has swapped her designer clothes for a lemon-yellow tabard. The drama co-stars Stephen Graham as a resident with early onset dementia called Tony with whom Sarah bonds and becomes friends. Graham is known for choosing roles in “enraging, unmissable, inescapably harrowing dramas that show our institutions under duress and wanting, heartbreakingly so” (Davis). The drama culminates with Sarah “abducting” Tony because he is being heavily medicated under management’s “new regime,” and she wants to isolate him long enough for him to go into another home.

This paper follows in a line of scholars in exploring the potential of the arts to initiate critical counter-discourses as well as to express a fuller range of perspectives on dementia (Swinnen and Schweda; Chivers and Kribernegg). Also, following on from Grist and Jennings who found that the portrayal of carers as “fools” or “monsters” in British media contributed negatively to the value placed upon care work by society, it explores the reflexivity between popular culture and everyday lived experience. Overwhelmingly negative portrayals of care homes and carers have been found to have “an accumulative and unjustifiably negative effect on the public’s view of the sector” (Manthorpe et al. 9).

This paper aims to understand the role the arts might play in changing stigmatizing attitudes towards care and care work. I am concerned with the interaction between the viewer and the text, particularly when analyzing narratives around old age that aim to challenge negative framings. In gaining an insight into public reaction, the paper adds another dimension to scholarship on the relationship between cultural production and consumption (Oakley and O’Brien). This relationship is particularly relevant when looking at dementia which is “no longer limited to expert biomedical discourses, but gets integrated into public imagination and popular culture” (Swinnen and Schweda 10).

The paper applies textual analysis alongside secondary interviews with the writer, director and actors to gauge their intention. It also applies thematic analysis to 117 comments from viewers on a public forum to attempt to examine public response (Help Digital Spy Forum). I am using these three approaches to understand how production relates to the narratives that are consumed, and whether these narratives are accepted or rejected by the public.

*Positionality and motivation*

To acknowledge and describe my own positionality, I have spent lengthy periods of time in care homes over the last decade as a researcher. I have examined the impact of participatory arts on re-connecting people with dementia to their communities, which were composed of care home workers and family members (Newman et al). As part of this I developed and delivered training with care home staff which looked at the tensions involved in balancing care that might enrich the life of the person with dementia with task-orientated care. Having observed a kind, skilled, and low paid workforce, I find myself struggling in my free time with conversations with friends who have been influenced by the extreme examples of care home negligence or abuse that reach the media such as revealed in the 2014 Panorama documentary *Behind Closed Doors: Elderly Care Exposed*.

**Background context***Dementia Care in the UK*

There are currently 11,000 care homes in the UK and the country has been heading towards a social care crisis for the last fifteen years in terms of funding, and shortage of staff (Dowling). Three key issues—the cost of care, the valuing of care work and the valuing of people with dementia—are paramount to understanding why the sector is struggling. Despite the pressing need, care home work is seen as unskilled and is undervalued, with care home workers at the time the drama was set being paid on average £8.50 per hour (Farrah). There is no clear career path or progression for care home workers and pre-Covid-19, in 2019, 100,000 workers left the sector (UK Department of Health and Social Care). Research has shown how during the pandemic key workers such as carers were substantially feminized, racialized, and therefore undervalued (Kabeer et al; Dowling). It has been argued that some lives were put at the service of others (Adkins and Konings), with David Graeber starkly observing the irony that those who carry out society's caring are often those for whom society cares least.

*Covid-19 across European and UK care homes*

The pandemic disproportionately affected people living in care homes, who accounted for an estimated thirty percent of all deaths from Covid-19 across

twenty-five countries (Mahase). In the UK, the focus of this study, there were forty thousand deaths in care homes from Covid-19, forty percent of the deaths in the first wave (Bell and Brewer). The high death toll was argued to have shown a “lack of humanity in dealing with the most vulnerable members of society” (Heneghan et al. 1). Also, the pandemic was argued to have exacerbated long running problems in the care sector, including chronic underfunding, poor structural organization, a lack of training and skills development for staff (Heneghan et al. 1).

Both the UK and Sweden have been criticized heavily for their neglect of older people in care homes (Labano). In the UK, the pandemic revealed a stark difference between how social care and healthcare is supported, for example, the government supplied eighty percent of protective equipment to the NHS and ten percent to adult social care (UK House of Commons). The government’s policy towards care homes in England at the start of the Covid-19 pandemic was ruled illegal by the high court in April 2022. The policy not to isolate people discharged from hospitals to care homes in spring 2020 without testing was found to be “irrational” (Booth). In Sweden, there were few restrictions, there was no tracking or tracing of cases, and a lack of protective equipment for healthcare workers (Labano). Deaths were higher than neighboring countries Denmark and Finland. Half of those deaths were in care homes. In contrast, countries such as Germany, Austria, and Greece pursued stricter restrictions from the outset (Mathieu et al.). Country-level differences were also evident in the measures put in place such as school closures, non-essential shop closure, the banning of non-essential movement, quarantine and social distancing to protect especially vulnerable populations, including older people and those with prior health conditions (Hirsch).

There were also differences in the way governments promoted policy, which points to how we value the most vulnerable in society. In Britain, the call on the public to preserve the resources of the public health care system was exemplified by the slogan “Stay at Home, Protect the NHS”. In contrast, in Austria, a family-orientated public health slogan “Protect Grandma and Grandpa” (“Schützt Oma und Opa”) was used. The different governmental responses to older people in care homes as compared with other populations raises important ethical questions around the citizenship of people with dementia.

## Discussion

The paper is organized according to three themes that examine how the drama politicizes care. Firstly, it examines how the portrayal of care in *Help* is presented and whether it conforms to both existing theoretical and empirical framings—namely, whether the care shown is feminized, classed and racialized and seen as intuitive. Secondly, it investigates whether an interdependence between carer and cared-for is described. Finally, it questions the effectiveness of the form of the drama—kitchen sink realism—to mobilize political change.

### *Feminized, classed and racialized care seen as intuitive*

Contemporary ideological theorizing about care is enmeshed in contemporary politics and everyday pragmatics. Discursive framings from feminist theory and disability studies are both grounded in who does the caring, who pays for it, and how much (McLaughlin; Hughes et al.; Twigg; Dowling). The gendered, classed and racialised nature of caring work, both paid and unpaid, reinforces existing inequalities in the labor market (Himmelweit and Plomien). There is an added complexity in investigating how the notions of kindness, empathy, and interdependence associated with caregiving translate when caring is done as a low paid, and therefore undervalued job.

Beverly Skeggs' longitudinal study followed the training of young women on caring courses from 1980-83 and their subsequent life trajectories. The women were living in an ex-industrial town in the North West of England with high unemployment, which compares well with the location setting of *Help*. Skeggs provides some context:

For those who had already experienced the negative allocative function of the education system by the age of 16, whose employment prospects are bleak and cultural capital limited, caring (whether paid or unpaid) offers the means to value, trade and invest in themselves, an opportunity to “make something of themselves.” (57)

Skeggs found that caring gave the young women respectability, and that care work provided a chance for them to demonstrate their responsibility, maturity and capability. The women constructed a form of dignity in their work to help them deal with the degrading aspects of their practice such as cleaning bottoms (61). She describes them as being aware of their lowly position in the social hierarchy and therefore positioning themselves as morally superior caring

subjects (62). However, Skeggs observed a dynamic that was ultimately problematic for the female carers in terms of their self-value and social status:

The caring self is produced through care for others... The women of this study have to continually prove themselves as respectable through their caring performances for others (64). This means that their production of subjectivity is always open to scrutiny by others (66)... And the attributes of the “right” sort of person are closely interlinked with wider cultural discourses of femininity and motherhood (67) ... This emphasis on feelings and natural dispositions makes it difficult for the women to take up positions of resistance. (68)

Despite claiming for themselves moral superiority, Skeggs noted that it was difficult for the women to challenge institutional working practices. For example, they were unable to dispute the prioritization of profit over care that they witnessed. Skeggs has recently undertaken work examining the valuing of care during the pandemic (Wood and Skeggs). In this piece she calls for a move from expressing gratitude to carers to enacting social justice in terms of financial remuneration and working conditions. Her analysis points to little change in working conditions and occupational status over the last twenty years.

In *Help*, the carer is depicted as someone for whom caring is intuitive and not a skill that requires training. Sarah is a low-paid employee without agency in her working or personal life. Aged twelve, she was in a pupil referral unit, which is where pupils are taught when excluded from mainstream education, and left school without qualifications. When she goes for the job interview, the manager tells her that her school record is a “joke”, the set-up being that care work is not a profession someone with decent qualifications would entertain. This supports Skeggs’ research that becoming a professional carer is an opportunity for working class girls to make something of themselves.

Sarah is perpetually in situations where male authority diminishes and disrespects her, which again supports Skeggs’ empirical research on how young women are at the mercy of their managerial and educational superiors. The manager is aggressive during the interview and when Sarah challenges him, explaining why she would make a good carer, he laughs and says he was just baiting her. The manager has to isolate, and leaves Sarah, the new recruit, on her own—would Sarah abandon the residents in the same situation? On his return, he shouts Sarah down when she makes valid suggestions for what they

need to operate safely during the outbreak. He is back in charge and dismisses her knowledge and experience.

Sarah's wit and humor disarms residents. On her first shift she is called to track down the serial wanderer Tony, who is trying to go home to his late mother's. Sarah distracts Tony by asking him about his mum's casserole "Scouse" (a regional dish that is inexpensive to make and synonymous with home comforts). Significantly, when Tony concedes to return to the home, Sarah sits in the back seat of the car next to him, as opposed to in the front with the manager.

Another example of Sarah's deft charm is shown when she gives Gloria a flannel wash and asks permission to wash her vagina using the euphemism "go downstairs." Gloria is uncomfortable with the request and is about to refuse so Sarah tells a bad joke. Asking if she is now ready for her to start, Gloria consents by asking her to repeat the joke. This scene adds nuance to research findings that the body work of caring is perceived as dirty work which impacts on both the care workers' feelings towards their work tasks and their self-worth and, crucially, the ways they are perceived in society (Twigg; Dyer et al. ; McGregor). Twigg draws out attention to how bodywork highlights both the older person's and the (female) care worker's lack of power. Looking firstly at the cared-for, she draws from Foucault in describing the body as a site of power, with bathing involving nakedness and personal exposure which is demeaning. Twigg concludes that:

Clients are naked, dependent, and below; workers are clothed, powerful, and above. (65)

Twigg goes on describe how feeling a lack of control over one's bodily functions is humiliating, infantilizing the older person (66). She argues that in the professional caring dynamic, care workers can be seen to be exercising power through controlling the bodies of their powerless residents. Twigg states that this Foucauldian reading gets us to the frontline of care, "recasting older people as objects, bodies to be disciplined and controlled" (67). Secondly, Twigg looks at bodywork from the perspective of carer, noting that the language of care can downplay the physical, bodily aspect of carework. Instead, she argues that carework revolves around the "unbounded" body in its dealing with shit, vomit and sputum (69). Twigg does not shy away from the fact that women perform this dirty work "because they lack the social power to escape

it” (69). Therefore, Twigg concludes by arguing that the processes of bodycare have to be analyzed thoroughly:

Exploring the micro level of such exchanges at the frontline of care, and understanding the very concrete character of the activity are vital if we are to grasp the realities of the care system and the ways in which it impacts on the day-to-day lives of older people. (71)

In showing the bodywork of care, from both the carer and cared-for’s perspective, the drama foregrounds the reality of the care system, as called for by Twigg. The drama’s strength is in dexterously and subtlety showing bodywork from both the perspectives. Sarah is like the women of Skeggs’ study who construct a form of dignity in their work to help them deal with the degrading body work aspects of their practice (61). And Gloria retains her dignity in giving permission to Sarah to clean her vagina. Sarah finds that caring is something at which she excels and enjoys, telling her mother that she will not resign, “I like it. Actually, I’m good at it”. Like Skeggs’ findings, Sarah proves herself as respectable through her caring performances for others.

Skeggs (1997) noted how the “right” sort of carer has to conform to popular discourses of femininity and motherhood. Supporting Laura Mulvey’s construct of the “male-gaze”, Sarah is a desirable representation of a woman as written by a man—ultimately she is an attractive rebel putting herself on the line for a guy. Nevertheless, the complexity of having both “soft” and “hard” character traits as a female carer is examined through the drama. Sarah is not a straightforward person. She has had a hard life and has been excluded from mainstream society. Being sent to a pupil referral unit is a serious sanction. Yet Sarah’s explanation is that she was sticking up for herself because another girl called her a “slut” —just as she is shouted down by the manager, being insulted for being promiscuous is a further challenge to her respectability and worth. Sarah is only provoked into rebellious outbursts when her integrity is challenged. She has also developed a hard, protective coping strategy in her personal life—she readily tells her father to “fuck off” and snaps at her mother when she offers to make Sarah her breakfast.

We see her strength in coping overnight at the care home when left as the only member of staff. With emergency services not able to come out to the home when one of the residents is struggling to breathe, Sarah takes the initiative to prone (roll the patient onto their side) him. Aware that he is



seriously ill, we see her walking down the corridor, eyes welling with tears and looking exhausted, trying to hold her sobs in. She tries to hide her distress from Tony, the resident who helps her, but starts to howl when she is alone. Sarah is gentle with the residents and develops a strong bond with Tony. At the end of the drama, when Tony and Sarah are holed up in a caravan and playing cards, like the Shakespearean wise fool, he observes that she is soft, a quality she straight away denies.

The director uses close-ups of Comer's face to great effect. There is a question as to whether a less attractive actor would elicit audience sympathies. The fact that Comer is a physically attractive actress known for wearing slick designer clothes in *Killing Eve* makes her a striking choice as lead. But at the same time, the director plays with Comer's credentials and somewhat subverts her popular image. For example, she nervously applies make-up in her car before her interview and mascara remains smudged on her face throughout. As one of the residents is dying of Covid-19 we get a powerful tracking shot with a close-up of Comer's face distraught with pain as she walks down the corridor. She is filmed looking exhausted with eye bags and washed-out skin.

Mark Munden, the director, describes Sarah's character:

Sarah is an iconic character in that sense. She's not someone who's had a huge amount of education but she finds that she's brilliant at this job and that is her qualification. It's not on paper. It's something that comes naturally. There are people born to that and it needs to be remunerated properly. (BFI At Home)

Munden's experience of the care sector comes out in the writing—the care workforce overall do not have high educational qualifications and it is classified as a low-skilled occupation. Co-star Stephen Graham, describes people having to have a unique sensibility to be able to care for people with dementia:

Maybe she wasn't going to change the world with her brain but she's changing someone's life so in that respect she's changing their world and she's the beautiful flower that is able to flourish in that environment. To take that time and help someone at the most fragile part in their life is bordering on the Dali Llama. It's a special kind of consciousness to be able to do that kind of shit. (BFI At Home)

Despite the crew's aim to raise the profession's status and obtain greater wages

for staff, in describing care as being instinctive, this removes the idea that care can be codified. In practical terms it means that the care force will remain largely female and unskilled. Although not the intention of the actors or director, in describing the ability to care as a “special kind of consciousness”, it perpetuates an acceptance that it is okay to pay carers a low wage as caring is a vocation. Because carers are “good” people, they are happy to do the work for nothing. In articulating caring as a talent, it can reduce the sophisticated range of tacit skills that are developed through working practice.

Whilst the section above has focused on the carer as female, we have to take into account experiences of care according to different intersecting social locations. From the perspective of care home residents, experience of care according to race has been explored in Thomas Green’s 1993 novel *Green Grass, Running Water*. Patricia Life argues that the novel suggests that while white culture views the protagonists as four useless old men with dementia, Indigenous culture considers them as wise and capable leaders who have the ability to transcend mortal limitations. In order to fix the world, they have to leave the care home and be reinstated as elders in their Indigenous community. The indigenous patients both feel excluded and exclude themselves, eventually running away. In *Help*, Cathy Tyson, who is of British and Caribbean heritage plays the former head teacher, Polly, who recites poetry to the rest of the home on Christmas day. There is a neat juxtaposition as Sarah recites Polly a pop song to calm her down, revealing her different educational status. The manager is respectful of Polly’s cultural capital and there is a sense that the status derived from her former occupation is maintained in the home. *Help* depicts intersectionality thoughtfully, refusing to reduce gender, class, race and ethnicity to a series of disconnected and clichéd stereotypes.

In terms of the care worker, the burden of care work falls on the global south both through migrant care workers and the outsourcing of care from the global north to the global south. The latter has been explored in documentary theatre, with *Between Worlds* examining the global outsourcing and migration of dementia care from Europe and North America to Thailand. In the follow-up documentary film, *City of Long Stay*, forms of care and intimacy in the care home setting in Chiang Mai, Thailand, are interrogated. The producers of both documentary theatre projects argue that different clichés about care were not borne out in practice. They found that the practices of care that they observed in these facilities neither conformed to a notion that Thai culture has a

propensity to care for aging people, nor to a sense of exploitative relations between global north and south (Pratt and Johnson). They instead use the documentary to outline the skilled nature of the dementia care they witnessed, as well as non-kin-based relations of care that formed over time. In *Help*, although migrant workers are not depicted, the British actor of Afro-Caribbean heritage, Angela Griffin, plays Tori, a fellow care worker. Like Sarah, she is similarly without agency, for example, when she shouts after the men in protective clothing coming to take away the dead bodies, “How dare you come in here dressed like that!” followed by a desperate, “Give us your kit!” Tori is supportive of Sarah and resigned about the care home’s isolation, “Yeah, it’s like they’ve forgotten about us...you’re a good girl. You did well.” Griffin plays her part with discretion, quietly getting on with her work until forced to make an outburst. Unlike Sarah, she cannot afford to “go rogue.” The drama supports Skeggs’ research that the low status of care workers makes it difficult for the women carers to take up positions of resistance. Here class as intersected with gender and ethnicity makes up a disempowered workforce, with class more salient than ethnicity.

Sarah takes a dramatic position of resistance, as she cannot bear to see Tony comatose after being heavily and unnecessarily medicated. It is then that she becomes a vigilante and “abducts” him to hide out in a caravan in North Wales, the idea being that if he is isolated for ten days then he can move into another care home. Sarah is portrayed as the character who is forced to rebel by society—she cannot fit in with institutional practices in either school or the care home and has an independent moral compass. Sarah’s intuition goes in tandem with being a maverick. Also, the moral nature of caring is not acknowledged (Kadri et al.) by those in power as Sarah is arrested as a criminal. In the final act, the audience sides with Sarah as she gives her monologue to the policeman, knowing that in abducting Tony, she was doing the “right” thing. Alongside showing care work as important, the writer aimed to show the responsibility care workers felt for residents:

What I didn’t expect for was that they would feel culpable, and that we constructed a situation where they haven’t been able to do their jobs properly—where they’d been left to cope with this incredible fallout, without any support whatsoever. So people were sobbing down a Zoom at me talking about what they should have done, when they couldn’t do anything. The fact that they took this burden on their shoulders in the

first place. Just the humanity of that, I found profoundly moving. (Nugent)

This perspective counters doubts about the quality of support low paid workers can be expected to provide (Pearson et al.). However, through the final outcome, the drama shows that Sarah would have been a successful care worker had she ignored her moral instincts and reduced care to a series of tasks – if she had done “the thing” right, as opposed to doing the “right” thing. The “break out” scene is particularly poignant and chimes with research (cf. Grist and Jennings) which talks about the prominence of the escape narrative in representations of care homes. The escape narratives that are perpetuated in drama like *Help* do little to benefit public perceptions of care homes as places to escape or be rescued from.

### *Interdependence*

Writing from an ideological standpoint at the same time of the original Skeggs study, Hochschild reminds us that care can be seen as a “gift”, with positive connotations of “generosity, trust, confidence, love, commitment, delight and esteem” making the inter-relationship of care of great value. Care, involving intimacy and reciprocity, is seen as emotionally important for developing personal relationships (Hochschild 80-2). Feminist writers support the idea of interdependence between the carer and cared-for with care seen as a crucial social practice (Hughes et al.). In the sphere of disability care, interdependence is similarly called for by some scholars who note that greater independence for people with disabilities leads to a justification for a retrenchment of the welfare state in providing support (McLaughlin).

The representation of care work in the media and arts is varied and changing, with. Scholars such as Chivers and Kribernegg, Kaplan, and Swinnen and Schweda analyzing portrayals of care that challenge stereotypes of institutional care and experiences of care. For example, according to Kaplan, Dana Walrath’s graphic memoir *Alice Heimer’s: Alzheimer’s Through the Looking Glass* overturns the “monstrous feminine” trope portrayed in images of dementia. She argues that the aging protagonist, Walrath’s mother Alice, is far from the abject stereotype of a women with dementia. Instead of becoming the blank “absent” subject of popular media, Walrath shows her mother creating a new subjectivity as her dementia advances. She achieves this partly through the rhythm and flow

of her images that range from respectful sadness to humor. The roles are reversed somewhat and the mother, Alice, becomes dependent on her daughter.

In articulating a range of experiences of dementia, *Help* depicts an interdependence between carers and cared-for. The manager encourages staff to take the Christmas day shift as, “Not only is the pay better but you have a good time”. Christmas day at the care home is shown as a warm affair—the residents perform poems and rude limericks which garner sincere praise from the manager. The day ends with a panning shot into each room of the residents which allows us to glimpse families sitting with their relatives. There is a cosy *mise-en-scène* created as dimly lit rooms are glowing with lamps and iPad glare. There is a comforting informality conveyed as we are shown teenagers glued to their phone screens and television screens blaring. Beyond being reciprocal, caring is shown as joyful by the drama. The relationship between staff and residents is shown as intimate or familial, with Sarah talking to Tony about football and playing card games. This supports empirical research by Vrerink et al. that revealed that carers found that engaging in the life stories of residents led to mutual connection and reciprocity. As Jodie Comer attests:

Before Covid-19 there was so much joy and love in these homes. It’s a family. (BFI At Home)

The depiction of care by Sarah is person-centered, as described by Vrerink et al. The warmth of the home on Christmas day is contrasted with Sarah’s own dysfunctional household when she returns to find her father drunk and critical.

Residents are pleased to help within their community of the home, for example, when Sarah goes for a job interview Tony makes her a cup of tea—we are not completely sure whether he is a member of staff or a resident. The choice made in this drama to have one of the protagonists a young(er) man with early on-set dementia makes an interesting point about the representation of age. His age may make his condition and situation seem closer to younger audiences and so may engender empathy. There is also a sense that Tony has to be young so that he can enjoy a reciprocal relationship with Sarah. However, it is important for the integrity of Sarah that she does not form a romantic bond with Tony, and the writing skillfully creates a platonic fondness between each character. For example, Sarah and Tony playfully tease each other about their allegiance to the two different home football teams. The drama overturns the notion of dementia as confined to the fourth age, making Tony much more

equal to his care worker.

The staff tailor their care to the interests of the residents and the dialogue is reciprocal, as demonstrated when Sarah talks to Tony about his team. Similarly, as in *King Lear*, Tony is presented as the intelligent or wise “fool”. In his lucid moments he is helpful, loyal, self-aware and insightful about his own condition. The actor Stephen Graham noted how they decided to, “Play the man and not the disease” (BFI At Home). There is a scene where Sarah makes Tony shower to clean himself of potential traces of the infection. He is aware that he does not want Sarah to see him naked – the writing gives the residents dignity in holding onto personal standards. After the physically difficult task of helping Sarah prone one of the residents, she tells Tony that he is her hero. He replies:

Some days I feel okay. That I know who I am. Yet some days I don't know who the fuck I am. But if I helped, that's nice.

Tony has a residual knowledge that helping is a positive thing to do. The viewer is therefore placed in the same state of distress as Sarah when we are shown Tony drooling due to excessive sedation—we see Tony's spirit and wit numbed without consent. The complicated manifestation of the condition is handled sensitively by the drama as some residents are cognitively aware that they have dementia. Dementia is not simply presented as memory loss, but as a complicated and changing weather of behaviors.

*The effectiveness of kitchen sink realism to mobilize political change*

In ascertaining to what extent *Help* politicizes care, it is important to look at the drama's rhetoric. *Help* adopts the language of kitchen sink realism. The genre has a distinctive tone, style and feel as well as content. This form of realism was a British cultural movement that developed in the early 1960s. It depicts the everyday domestic contexts of working-class people. Many of the artists who started the movement were filmmakers with socialist politics. Critics have described how these “raw” human stories featured marriages collapsing, the drudgery of unskilled work and thwarted ambitions, backstreet abortions, homelessness, disenfranchised youth and gender, class and race discrimination (Mitchell). Mitchell goes on to argue that these depressing narratives were radical in advocating for the powerless:

Dour they may be, but they are also vital, edgy and progressive. Issues

dealt with on a daily basis in real life were laid bare for all to see and the disadvantaged, downtrodden and invisible were given a voice (para. 5).

Such films were confrontational and Mitchell notes that they impacted on viewers: ‘a number of works...struck a deep chord both with the general public and policy makers, resulting in a genuine real world impact on the social issues the characters endured’ (Mitchell 6).

One representational production is *Boys from the Blackstuff* (1982), written by Alan Bleasdale. This series describes the tragic lives of five working-class men who faced unemployment during Margaret Thatcher’s right-wing government. Turning to *Help*, Jack Thorne describes being influenced by *Boys from the Blackstuff*, noting that he wanted to follow in the footsteps of television in this vein “that had something to say” (BFI At Home). He aims to produce drama that comments on the influence of the government’s political ideology and policy on ordinary people’s lives. This was picked up by a viewer who noted on a public forum that the drama reminded them of *Boys from the Blackstuff*, which supports the notion of the drama continuing the trajectory of social realist drama, both in the aims of production and reception by viewers.

In *Help*, the care home and streets around it are filmed in muted colors—when Sarah is driving around anonymous ring roads she has the windscreen wipers on, competing with the car radio news (note that in the UK during lockdown the spring was actually unseasonably sunny and warm). All the actors have regional accents and are depicted as working-class and struggling with money. Sarah’s family get Christmas crackers given to them by the foodbank and she wears a cheap fast fashion lycra top with a cut-out hole on the chest to her interview. Sarah does not recite poetry to a resident, but a contemporary pop song, reflecting her age and cultural references. Observational details of the care home working are accurate—Sarah is left alone in the manager’s office to give her the privacy to change into her lemon-yellow work tabard—life in the care home is rough and ready.

The form of kitchen sink realism is particularly apt for successfully portraying the mundane aspects of care. We are shown shots of residents taking out their false teeth and spilling food on their breakfast tray as part of the repetitive rhythms of feeding, changing of bed linen and administration of medication. And, of course, relationships are developed through the everyday domestic practices that keep the body hygienic, comfortable and fed. The drama does not

hide the more unpalatable aspects of care—Sarah’s father notes that she comes home smelling of the residents’ “piss”, directly addressing Twigg’s research on body work. Interestingly, the writer started the project before Covid-19, when the script had a different emphasis:

It was originally about different aspects of care homes and a different aspect of care home politics. (Nugent)

If the narrative had emphasized the development and training of caring skills and practices, the rhetoric would have ironically been more radical.

Whilst most of the film employs a documentary style and real-time pace, using conversation to move the plot forward, the director uses panning shots and the soundtrack to great symbolic effect at key dramatic points. After the first resident dies of Covid-19, there is a close-up of her room being fumigated and her name plate being removed from her door. The diegetic sound of the alarm in the care home gets louder at the same time as beating music. Later on, a tracking shot along the corridor emphasizes the extent of the loss – we see door after door boarded up with hazard tape. The drama depicts the Covid-19 crisis escalating effectively—the *mise-en-scène* when Sarah is single-handedly left to look after residents is frightening. The dark, empty lounge helps to emphasize the terrifying responsibility.

The film elicited party politically-motivated reactions from viewers. There were nine comments from viewers attributing blame to the Conservative government:

This should be required viewing for every member of the Cabinet... And I speak as a (former) Tory voter. (dajualto, Help Digital Spy Forum)

This Tory government have a lot to answer to. (Matilda77, Help Digital Spy Forum)

The comments express hope that the drama served to shame the government. Viewers alluded to the educative function of the drama, particularly for people who have no experience of care homes:

Absolutely incredible and it gives some of us, who don't work in the care sector, a glimpse of how it was for the residents and for the staff themselves... Hopefully it will give the powers that be an insight, and the



realisation that care staff are as important and as necessary as NHS staff. We can only hope that it leads to better conditions for them, more recognition and more funding. (Jojo01, Help Digital Spy Forum)

The last comment expresses hope that the drama will persuade the government of the importance of supporting care home staff through increased funding, recognition and better working conditions.

Watching the drama encouraged viewers to share their experience and first-hand knowledge of the care sector:

Unfortunately “would never happen” doesn’t even come into it. Regular care homes are chronically understaffed and have *huge* problems recruiting. This was going on way before COVID-19. (jonparadise, Help Digital Spy Forum)

The comment refers to Sarah being left alone overnight to look after all the residents. Some of the scenarios depicted could be seen as exaggerated as they appear so implausible. For example, patients from hospitals being moved back into care homes without being tested, staff having to use bin bags for protective clothing, or care homes being left without help from the emergency services all seem unthinkable. Yet the drama, researched through talking to care home workers, accurately reflects the reality of the situation care home workers found themselves in throughout the crisis. The contrast between the mundane aspects of care and the crisis function to make the depiction of the pandemic seem plausible to the viewer. This is particularly important if the aim is to enlighten the public and for public pressure to result in change.

Another similar comment, describes the wider context of challenges the care home sector face during non-Covid-19 times:

Very low pay and Brexit have caused massive recruitment problems this year, heightened by the pandemic. Even before COVID-19 care homes already had 100,000 job vacancies. It’s worsened since the pandemic as many existing EU workers returned to their countries to be with their families as the outbreak began...Currently care homes are closing and having to hand people in their care back to local authorities. The latest Tax announced by the government does absolutely nothing to address this, as all the money will be eaten up by the (also underfunded) NHS before it gets to social care. (jonparadise, Help Digital Spy Forum)

As the comment illustrates, before watching the drama viewers were both informed of the challenges the UK care sector face, and of the policy response from the government. These comments were critical of the government's support for adult social care. The dialogue prompted by watching the drama firmly demonstrates the effectiveness of the drama in politicizing care.

One comment ended by noting the moral injury experienced by care home workers:

This was so powerful and moving and portrayed the appalling way care home staff and residents were treated since the beginning of the pandemic. I know a carer who was, on occasions, the sole member of staff on night shifts as staff turnover and burn out is prevalent.... The ...years of caring for someone with dementia takes its toll. (Karis786, Help Digital spy forum)

The drama unequivocally presents institutionalized care constrained by political will as at odds with ethical care. The manager uses neo-liberal vocabulary, talking about a new regime he intends to implement (heavily medicating residents) and noting that Sarah has “over-association” with residents when she objects. In the final scene when Sarah has been arrested for kidnapping Tony and is sitting in the back of the police car, the image cuts out and we hear Sarah's angry monologue delivered to the policeman and audience. It is a strong piece of emotive rhetoric aimed at enlisting the viewer's support for Sarah:

It's the way our country is now. Keep our eyes down to the rest of it. We see people going to foodbanks, lying down in the streets. If we see disabled people left to die we'll feel sorry. We can't cope with Tony. Not us. Not anymore. Underlying health conditions? What was with them? When did all lives stop being the same, hey?

The simple speech is particularly effective as is delivered in Sarah's strong Scouse accent (regional accent specific to Liverpool, the region in which the drama is set)—Sarah is an “everyman” representing ordinary populations, in line with kitchen sink realism's form.

When attributing blame, the drama also uses juxtaposition to great effect. When Sarah and Tony are holing up in the caravan and are so low on food that we see Sarah scraping mold off the sliced white bread, we hear the former

Health Secretary Jeremy Hunt on the radio talking about ring-fencing around care homes. Using the style of kitchen sink realism interspersed with stark contrasts to heighten the Covid-19 crisis is effective in targeting blame for the large number of deaths in care homes during the pandemic. As important as depicting the trauma of the pandemic is how the drama highlights the longer-term undervaluing of people with dementia and care home workers.

## Conclusion

Through showing how the public sphere of dementia care in a care home is represented and politicized, this paper makes a contribution to media and dementia studies. *Help* makes some bold attempts to create new narratives of dementia and care. It resists the feminization of care to some extent through the characterization of Sarah who is both soft and hard, gentle and strong. However, Sarah is a male writer's portrayal of a woman and Thorne has created a character who is incredibly appealing in her strength and selflessness. Also, unusually for a drama featuring dementia, Tony is a younger man, which serves to reinforce the notion of interdependence between carer and cared for. The drama also deals with intersectionality subtly in terms of race and ethnicity as correlated with gender and class, both through depictions of the care workers and residents. However, in all in other ways, the drama reflects the longstanding reality, that care work is done by working-class women who are undervalued, underpaid and lack self-efficacy. In resisting authority Sarah is ultimately punished for her heroic act of saving Tony. The audience sympathizes, but ultimately the ending enables viewers to accept the status quo. The arts have the power to write new scripts, and it would have been bolder if a secure future had awaited Sarah and the traditional feminine notions of kindness, empathy, and interdependence associated with caregiving had been extended to male carers. The drama gives us a glimpse of an alternative but settles by reflecting reality.

In analyzing audience reactions to the drama, the paper speaks to sociology and cultural studies in terms of arguing for the reflexivity between popular culture and societal attitudes. It is interesting that following twelve years of austerity and public service cuts in the UK, kitchen sink realism is being resurrected with the aim of creating politically-engaged drama. In this aim, the drama succeeded – viewers saw *Help* as directly criticizing the UK government's handling of the crisis and highlighting the additional strain on an already fragile

care sector. The drama succeeds in educating viewers on many aspects of caring for people with dementia, from the routine to the extreme crisis presented by Covid-19. The form of kitchen sink realism grounds the piece, makes the implausible chaos of the pandemic seem believable, and therefore the drama works as a successful piece of rhetoric. The more mundane aspects of care interspersed with more dramatic incidents is particularly effectively employed. It would have been interesting to see what the drama would have been like had Jack Thorne not abandoned his pre-Covid-19 care home project—what the narrative may have lacked in terrifying urgency, it may have gained in terms of portraying the everyday struggles of life in a care home.

*Help* can only show how care in the public sphere operates by focusing in on individual interdependent relationships – perhaps this highlights the biggest oversight in how we discuss care and is therefore the most radical aspect of the dramatization. The writer Nicci Gerrard spent time talking to family care givers and one of her interviewees noted, “kindness is the core. And the state doesn’t provide kindness; it can’t” (122). *Help* directly refutes this notion. Discussion over low pay raises doubts about the quality of support care workers can provide (Pearson et al.), an aspect of professional practice that this drama challenges. The idea of the remote state used in public discourse does not capture the fact that at ground level, care workers form bonds with residents that are intimate and familial. Whilst the focus on low pay is critical, it can lead to a reductive perception that underestimates paid carers’ ability and motivations. The next step for a drama that aims to challenge the way that care is valued is to show how caring practices can be developed and taught, as opposed to being intuitive, a talent that young powerless working-class women possess.

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